

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: SUNSHINE ADULT LIVING 2 (0010754)
Address: 1912 HOUSE ST, BELOIT, WI 53511
License Status: REGULAR
Licensed/Certified/Registered 11/08/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0095364 **End Date:** 07/28/2005 **Type:** STANDARD **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008263 Served 08/16/2005

Deficiencies Cited

13.05(3)(a)

88.10(3)(d)

Subject Area

ENTITY ALLEGATION REPORTING REQUIREMENTS

PRESUMPTION OF COMPETENCY

Compliance
Verified

Corrected

Survey ID: 0094593 **End Date:** 04/19/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093573 **End Date:** 11/08/2004 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
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Adult Family Home

| Complaint History |
|-------------------|
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Date Complaint Received: 06/09/2005

Date Investigation Completed: 08/03/2005

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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